



Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225

**Water Well Contactors License**

**1. APPLICANT:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**2. BUSINESS:** Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**3. EXPERIENCE RECORD:**

(a) Have you ever been denied a driller's license or had a driller's license revoked, cancelled, or suspended by any state? \_\_\_\_yes \_\_\_\_no

**If you checked yes, provide the details in Block 6 ADDITIONAL INFORMATION / COMMENTS including the date and reason the action was taken, and the state in which the action was taken.**

(b) How many years experience do you have in drilling, where you were actually responsible for operating the drilling rig? \_\_\_\_\_

(c) How many drilling projects have you completed in the past five (5) years? \_\_\_\_\_ (d) Of the number included in 3.(c), how many were: Home wells \_\_\_\_\_

Industrial wells \_\_\_\_ Public Water Supply wells \_\_\_\_ Irrigation wells \_\_\_\_\_

Geotech boreholes \_\_\_\_ Ground source heat pump holes \_\_\_\_\_

Monitoring wells \_\_\_\_ Seismic exploration holes \_\_\_\_ Other (specify) \_\_\_\_\_

(e) What was the depth of the deepest well or borehole you have drilled? \_\_\_\_\_

(f) What was the diameter of the largest well you or borehole you have drilled? \_\_\_\_\_

(g) Are you a licensed driller in another state? \_\_\_\_ If so, What state? \_\_\_\_\_

(h) Contractors License Number (Certificate of Responsibility) Applicants for water well contractors, pump installers and geothermal drillers licensing must provide their contractor's license number from the Mississippi Board of Contractors (attach a copy of your current contractors license to this application).

(Attach a copy of your current license from the state named above to this application.)

**4. REFERENCES:**

- (a) Provide the names, license numbers, licensing state, and contact information for three (3) licensed drillers who have supervised your work and/or have first hand knowledge of your qualifications and experience in the field for which you are seeking a license.

***Provide a Notarized Affidavit from each of the references listed attesting to your qualifications and experience.***

Name \_\_\_\_\_ Lic. No. \_\_\_\_\_ Licensing State \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Lic. No. \_\_\_\_\_ Licensing State \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Lic. No. \_\_\_\_\_ Licensing State \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- (b) Provide the names and contact information of two (2) clients, not related to you, for whom you have completed drilling projects.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**5. DESCRIPTION OF DRILLING EQUIPMENT YOU WILL USE, IF YOU ARE LICENSED:**

- (a) Drill Rig: Make and Model \_\_\_\_\_  
Maximum Capability (depth in feet) \_\_\_\_\_  
(b) Water Tank Truck: Make and Model \_\_\_\_\_  
(c) If the above listed equipment is owned by someone other than yourself, provide the name, telephone number, and address of the owner:  
Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(d) If the equipment you plan to use is not commercially manufactured, attach a detailed description and photograph of the equipment.

**6. ADDITIONAL INFORMATION / COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. I hereby certify**, under penalty of revocation of any license issued pursuant to this application, that the information I have provided in this application is true and correct, to the best of my knowledge. I further grant my references authority to provide information regarding my experience and qualifications related to the license I am seeking to the Mississippi Department of Environmental Quality in support of this application.

\_\_\_\_\_  
Signature of Applicant

**NOTARY:**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

THIS DAY, \_\_\_\_\_ personally came and appeared before  
the undersigned authority in and for the aforesaid jurisdiction.

SWORN to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC